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CITY OF CHELSEA ROUTE 1 HOUSING ENHANCEMENT PROGRAM

OWNER-OCCUPANT APPLICATION

Funds are generally available on a "first come, first served" basis until they are exhausted.

1. Applicant Information

Name of Owner(s):			
Owner Co-applicant:			
Address :			
Daytime Phone :		Cell Phone :	
Email Address:			
Number of dwelling units in the Building:			
Number of bedrooms in each unit in the Building:		Unit 1 # of Bedrooms:____ Unit 2 # of Bedrooms:____ Unit 3: ____ Unit 4: ____	
Dwelling unit(s) to be improved:	Unit 1 <input type="checkbox"/> Unit 2 <input type="checkbox"/> Unit 3 <input type="checkbox"/> Unit 4 <input type="checkbox"/> Common Areas <input type="checkbox"/> Exterior <input type="checkbox"/>		

Conflict of Interest:

	Yes	No
Are you (or anyone in your household) a municipal employee or locally appointed official?	<input type="checkbox"/>	<input type="checkbox"/>
Do you (or anyone in your household) currently work as a consultant or agent to the community?	<input type="checkbox"/>	<input type="checkbox"/>

How did you hear about the Route 1 Housing Enhancement Program?				
Newspaper <input type="checkbox"/>	Brochure <input type="checkbox"/>	Local Access Channel <input type="checkbox"/>	City's website <input type="checkbox"/>	Non-Profit Agency <input type="checkbox"/>
Other <input type="checkbox"/> Please describe:				

Have you ever received funding from the City of Chelsea? Yes ☐ No ☐

Note to Route 1 Housing Enhancement Program Staff: If there may be a potential conflict of interest, please describe it and attach a resolution, if any.

Household Composition Information

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Below please provide information for **EVERY PERSON** who lives with you in your home, including yourself, your spouse (if any), children – even young children – other relatives who live with you, and/or unrelated people who live there. This is considered your “**HOUSEHOLD**.” Do not include any child or other person who does not live in your house. If children are not of working age, simply list their names, ages and Social Security numbers. Attach a separate sheet if you need more room.

Name	Date of Birth	Race / Ethnic Group – use chart below	Disabled?
		Race	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Ethnicity	
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

ETHNICITY/RACE DATA (OPTIONAL)

If you choose, you may use the following options to identify yourself and your household members by ethnicity or race. You are not required to provide this information, and it will not affect the evaluation of your application. This information will remain confidential.

Ethnic Categories	Racial Categories
Hispanic or Latino Not-Hispanic or Latino	American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Other

2. Anticipated Repairs and Building Information

Please place a check mark next to each repair you feel is needed in your building’s dwelling units:

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If there is any additional information you would like to be considered in the evaluation of this application, please write below:

Please briefly describe the impacts to the property, related to the Route 1 corridor and/or recent State highway construction project, that you're seeking to address:

Do you currently have Letters of Final Deleading compliance for any of the units at the property?

Yes _____ No _____

(if yes, list for which units) Unit 1 ☐ Unit 2 ☐ Unit 3 ☐ Unit 4 ☐

Do you have a recent lead inspection report for any of the units at the property?

Yes _____ No _____

(If yes, list for which units) Unit 1 ☐ Unit 2 ☐ Unit 3 ☐ Unit 4 ☐

Are you currently under court order to de-lead any of the units at the property?

Yes _____ No _____

(For rental units only) Are certificates of habitability from the City of Chelsea's Department of Inspectional Services current for all residential rental units you own in the City of Chelsea?

Yes _____ No _____

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(If yes, list for which units) Unit 1 ☐ Unit 2 ☐ Unit 3 ☐ Unit 4 ☐

Are there any outstanding or unpaid citations from the City of Chelsea's Department of Inspectional Services current for any residential rental unit you own in the City of Chelsea?

Yes _____ No _____

Are all real estate taxes paid up? Yes _____ No _____

Are all water/sewer fees paid up? Yes _____ No _____

Are all trash collection fees paid up? Yes _____ No _____

If not currently up to date on payments, is there a payment plan established with the City of Chelsea?

Yes _____ No _____

If yes, how much are your monthly payments? _____

SIGNATURES AND CERTIFICATIONS

This page must include the applicant and the co-applicant signature.

The property owner certify:

- That all information contained in this application and attachments is true and complete to the best of my/our knowledge;
- That I/we authorize the City of Chelsea and its Representatives to verify all information provided herein, and authorize said agency to investigate this information.
- That I/we understand that personal and financial information on file with the City of Chelsea and its Representatives is kept confidential to the extent allowed by law.

The property owner(s) further certify:

- That I/we, the owner(s) of the property, have read and understand the summary program description of the Route 1 Housing Enhancement Program provided to me/us and that these terms and conditions are acceptable to me/us if I/we are eligible to receive Route 1 Housing Enhancement Program financing.
- The Route 1 House Enhancement loans are secured by a Mortgage on the property and subject to all the terms of a Promissory Note. As part of the assistance, the property owner must agree to making timely payments of all municipal charges (i.e., tax & water/sewer bills).
- Loans will be structured as a 0% interest, three (3) year, deferred payment loan to rehabilitate their primary residence, subject to the availability of funds, eligibility of owner and/or tenants, terms and conditions of the Promissory Note and Mortgage.
- Work assisted under the Program may only begin after an Owner has signed and returned a Commitment Letter to Program staff and a Notice to Proceed order has been received by the contractor. Construction shall not commence unless a Notice to Proceed has been issued by the City. Owners will not be reimbursed for work undertaken prior to approval and authorization under the Program.
- That I/we agree that the contractor shall be given full access to the property once construction is scheduled to

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begin, including both owner occupied and tenant occupied units for the duration of the project. I/we agree to make myself/ourselves available during normal business hours to meet and discuss my/our project with the contractor, Program staff, or any other agent performing services at my property.

- That I/we, the owner(s) of the property, certify that no tenant has been or will be displaced or relocated without due cause for the purpose of participating in this program.

Homeowner Signature _____

Printed Name _____

Date _____

Homeowner Signature _____

Printed Name _____

Date _____

SUPPLEMENT 1: HOMEOWNER DOCUMENTS CHECKLIST

(The following documentation should be submitted along with the completed application)

____ PROOF OF HOMEOWNER'S INSURANCE POLICY

____ PROOF OF HOMEOWNER'S FLOOD INSURANCE POLICY, IF APPLICABLE

____ MORTGAGE STATEMENT (most current), AS APPLICABLE

____ COPY OF LEASES WITH EXISTING TENANTS, IF AVAILABLE

____ LEAD PAINT INSPECTION REPORT(S) FOR EACH UNIT IN THE BUILDING, IF APPLICABLE

____ OTHER OWNER OR TENANT INFORMATION AND DOCUMENTATION AS REQUESTED BY ROUTE 1 HOUSING ENHANCEMENT PROGRAM STAFF TO DETERMINE ELIGIBILITY FOR THE PROGRAM.

Please mail or drop off your application to:

City of Chelsea
Department of Housing & Development
ATTN: Route 1 Housing Enhancement Program
500 Broadway, Room 101
Chelsea, MA 02150